

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

08/927382

|  |                                     |
|--|-------------------------------------|
| DATE: <u>10/31/98</u>                                  | FROM: <u>MacDonald</u> (print name) |
| <b>REASON(S):</b>                                      |                                     |
| A. You had Parent <input type="checkbox"/> (check box) |                                     |
| B. See Title <input type="checkbox"/> (check box)      |                                     |
| C. See Abstract <input type="checkbox"/> (check box)   |                                     |
| D. See Claim(s): _____                                 |                                     |

**FURTHER EXPLANATION IF NEEDED:**

*Please consider for 395/187.01* *Accepted 2/18/99*

|  |                          |
|--|--------------------------|
| DATE: _____  | FROM: _____ (print name) |
| <b>REASON(S):</b>                                      |                          |
| A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)      |                          |
| C. See Abstract <input type="checkbox"/> (check box)   |                          |
| D. See Claim(s): _____                                 |                          |

**FURTHER EXPLANATION IF NEEDED:**

|  |                          |
|--|--------------------------|
| DATE: _____  | FROM: _____ (print name) |
| <b>REASON(S):</b>                                      |                          |
| A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)      |                          |
| C. See Abstract <input type="checkbox"/> (check box)   |                          |
| D. See Claim(s): _____                                 |                          |

**FURTHER EXPLANATION IF NEEDED:**

|  |                   |
|--|-------------------|
| <b>DISPOSITION BY 2700 CLASSIFICATION</b>              |                   |
| DATE: _____  | CLASSIFIER: _____ |
| <b>REASON(S):</b>                                      |                   |
| A. You had Parent <input type="checkbox"/> (check box) |                   |
| B. See Title <input type="checkbox"/> (check box)      |                   |
| C. See Abstract <input type="checkbox"/> (check box)   |                   |
| D. See Claim(s): _____                                 |                   |

**FURTHER EXPLANATION IF NEEDED:**